



Secure Saver

Short-Term Medical Insurance



Perfect solution for:

- Recent college graduates
- New hires
- Exiting employees
- Part-time and temporary workers
- Those between jobs

www.hpainsurance.com 

Administered by: Health Plan Administrators, Inc.

Underwritten by: Standard Security Life Insurance Company of New York

Marketed by:

Why Secure Saver?

Secure Saver protects you and your pocketbook! Instead of a calendar-year deductible, this plan offers a choice of four daily maximums. Choose a daily-deductible maximum of \$250 for individual coverage and your expenses will not exceed \$250 per day for any covered expense. Plus you still have a convenient \$50 copay for a physician office visit charge. All other covered medical services are subject to the daily maximum.

Who qualifies for Secure Saver?

Secure Saver STM is available to all members of Communicating for America* who are between the age of 18 to 64, and their spouses and dependent children under age 19 (or under age 25 if a full-time student). All applying for coverage must be able to answer "no" to all medical history questions on the application. Child-only coverage is available for ages 2 through 18.

*CA membership does not apply to residents in ID, IN, KS, LA, ME, MD, MN, MT, ND, NH, NV, or SD.

How are benefits covered?

Secure Saver pays benefits for each covered person in the following manner (subject to specific benefit maximums). When you incur covered medical expenses, you pay for the cost of service up to your chosen daily deductible.

1. Choose from four daily deductible options: \$250, \$500, \$750, \$1,000. After one covered person satisfies their daily deductible, covered charges that exceed the daily deductible amount on that same day are covered at 100%.
2. The daily deductible family maximum is deemed satisfied for the remainder of that day when two covered persons each satisfy their individual daily deductible.
3. The \$4,000 coinsurance limit is deemed satisfied when one covered person satisfies their individual coinsurance limit for the coverage period. After this, Secure Saver pays 100% of covered expenses up to the coverage period maximum of \$2,000,000. The daily deductible is included in the coinsurance limit. The coinsurance limit does not include copays, pre-certification penalty amounts and other expenses not covered.

What medical expenses are covered?*

All of the following benefits are subject to the daily deductible and coinsurance. Covered expenses are subject to the usual, reasonable and customary charge and the maximum benefit limit, if applicable.

- Hospital room and board charges are paid at the average semi-private room rate, medical care and treatment
- \$50 physician office visit copay covers the cost of the physician office visit charge. Other covered services performed are subject to the daily deductible and coinsurance
- Outpatient hospital or ambulatory surgical center charges
- Physician services for treatment and diagnosis
- Surgeon services in the hospital or ambulatory surgical center
- Assistant surgeon services up to 20% of the primary surgeons benefit
- Anesthesia services up to 20% of the primary surgeons benefit
- Intensive or specialized care unit charges are paid up to three times the most common average-semi-private room rate
- X-Ray exams, laboratory tests and analysis
- X-Ray and radioactive isotope therapy, anesthesia, oxygen, casts, splints, crutches, braces, surgical dressings, artificial limbs or eyes, rental of medical equipment
- Blood or blood derivatives and their administration
- Ambulance ground or air services
- Gallbladder surgery
- Knee injury or disorder
- Inpatient prescription drugs
- Organ, tissue, bone marrow transplants are covered up to \$150,000 for all covered expenses per coverage period.
- Acquired Immune Deficiency Syndrome (AIDS) up to \$10,000 coverage period maximum***
- Mammography, Pap smear and screens

* Benefits may vary by state.

*** The AIDS maximum of \$10,000 per coverage period does not apply to policies/certificates issued to residents of AZ, CA, CO, DC, ID, IN, MD, ME, MO, NH, NC or ND. The maximum benefit in KS is \$75,000 per coverage period.

What is the usual, reasonable and customary charge?

Usual, reasonable and customary means with respect to fees or charges, fees for medical services or supplies which are usually charged by the provider for the service or supply given and the average charge for the service or supply in the locality in which the service or supply is received; whichever is less, or with respect to treatment or medical services, treatment which is reasonable in relationship to the service or supply given and the severity of the condition. In reaching a determination as to what amount should be considered as usual, reasonable and customary for services and supplies; we may use and subscribe to a standard industry reference source that collects data and makes it available to its member companies.

Is there a pre-existing condition limitation?

Secure Saver will not provide benefits for any loss caused by or resulting from a pre-existing condition. A pre-existing condition is any medical condition or sickness for which medical advice, care, diagnosis, treatment, consultation or medication was recommended or received from a doctor within five years immediately preceding the covered persons effective date of coverage; or symptoms existed within the 5-years immediately prior to the covered persons effective date of coverage which would cause a reasonable person to seek diagnosis, care or treatment. The pre-existing condition limitation may vary by state.

Do I need pre-certification?

You must notify the pre-certification service 10 days prior to a non-emergency hospital admission or surgery and 48 hours (or as soon as reasonably possible) following an emergency admission to the hospital for pre-certification of admission. Failure to pre-certify will result in a benefit reduction of 50%. Pre-certification is not a guarantee of benefits.

Is there a free-look period?

If you are not completely satisfied with this coverage, and you have not filed a claim, you may return the Certificate of Insurance within 10 days and receive a premium refund.

What services are not covered?

Following is a partial list of services or charges not covered:**

- Alcohol or drug dependency and disorders
- Any services that are not medically necessary, as defined in the policy
- Conditions resulting from an act of war
- Cosmetic surgery, treatment for acne, hair loss or varicose veins
- Dental or orthodontic services
- Experimental or investigational services
- Eye exams, eyeglasses, hearing aids
- Learning disorders, attention deficit disorder, hyperactivity or autism
- Maternity and newborn treatment prior to discharge, any infertility treatments or sterilization treatments
- Medical care received outside of the United States, Canada or its possessions
- Mental or nervous disorders, depression or suicide attempt
- Obesity treatments
- Outpatient prescription or legend drugs and medications
- Participation in school or organized competitive sports or any high risk sport
- Routine physical exams and tests, preventive care and immunizations
- Services payable by Medicare or Worker's Compensation coverage
- Services performed by family members or for which a charge would otherwise not be incurred
- Sleep disorders
- Spinal manipulation or adjustment
- Transplant services to the transplant donor
- Treatment of foot conditions

**The limitations and exclusions may vary by state. Please see the Policy/Certificate of Insurance for detailed information about these and other plan limitations and exclusions.





How can I save money and maximize my benefits?

Through the Secure Saver STM plan, you have access to discounted medical services through two national Preferred Provider Networks (PPOs): ACS and MultiPlan. The network providers have agreed to provide their services at a negotiated fee and pass these discounts on to you. While you have the flexibility to choose any health care provider, the discounts available through network providers for covered services will help to lower your out-of-pocket cost. The discount will be reflected in your final bill and you will not owe the network providers for the difference between their retail rate and the negotiated fee. You will still be responsible for paying your share of the covered expenses, including any deductible, copay and coinsurance. Your coinsurance amount will be based upon the negotiated fee.

Using a network provider is voluntary. If you are unable to find a network provider, we will attempt to negotiate a discount for you from your provider. While we can't guarantee the outcome, if we successfully obtain a discount it will be passed on to you.

To search for a health care provider or facility, please visit the Web sites listed below. At the time of services, simply present your identification card to the network provider.

- **ACS** is a comprehensive network of 2,500 ancillary service providers at over 25,000 sites, representing providers of outpatient services, including lab and diagnostic testing, except physicians. www.anci-care.com

- **MultiPlan** is one of the nation's largest networks with more than 500,000 members in 50 states, including physicians, and inpatient and outpatient facilities. www.multiplan.com or 888-342-7427.

ACS and MultiPlan are not affiliated with Standard Security Life Insurance Company of New York, nor are they part of this insurance plan.

When does my coverage start?

Your coverage can begin as early as the day following the U.S. postmark stamp on your envelope. If you apply online, coverage can begin the day following your online application submission. You can request a later effective date, but no more than 60 days after the application date. All coverage is subject to approval and payment of the first premium.

What are my payment options?

- You can pay for coverage in monthly payments for up to 6 or 12 months at a time. We accept monthly payments by check, money order, credit card or automatic bank withdrawal. If you select this option, and your need for insurance ends before your coverage period ends you can cancel at any time through written notification to our Policy Service Department. (The 12-month coverage option is not available in all states.)
- The single payment option is ideal if you know the exact number of days coverage is needed. This option has a special reduced rate and you only pay for the coverage you need through one, single payment. You can pay in full for any number of days, from a minimum of 30 days to a maximum of 180 days of coverage by check, money order or credit card.

Can I continue coverage?

If your need for temporary health insurance continues, you may apply for another Secure Saver plan. Your application is subject to eligibility, underwriting requirements and state availability of the coverage. The next coverage period is not a continuation of the previous period meaning, amongst other things, a new pre-existing condition limitation will apply.

How long will Secure Saver coverage last?

Secure Saver is specifically designed to fill a temporary insurance need. Coverage stops at the end of the period for which you apply. Depending on the payment option you select, coverage can continue for one to six months, or up to 12 months. The 12-month coverage option is not available in all states.

When does coverage terminate?

Coverage ends on the earliest of the date the premium is not paid when due; or you cease to be a member of the association;* or the group master policy terminates; or you enter full-time active duty in the Armed Forces; or you become eligible for Medicare; or the elected coverage period expires; or Standard Security Life Insurance Company of New York determines fraud or misrepresentation has been made in filing a claim for benefits. A dependent's coverage ends on the earliest of the date your coverage terminates; or the dependent becomes eligible for Medicare; or the dependent ceases to be eligible.

**Applies only to states where association membership is required.*

What is the Enhancement Series?*

Included with your coverage is the Communicating for America (CA) Healthy Lifestyle Enhancement Series,* which provides CA members with discounts for the following services and/or purchases:

- **Coaches and Advocates:** For information on providers in your area, the latest consumer health reports and assistance with benefits.*
- **TelaDoc:** TelaDoc™ is a national network of board-certified physicians providing cross-coverage consultations 24-hours a day, 365 days a year.*
- **Discount Prescription Drug Card:** All members receive a FREE discount prescription drug card.*
- **Discounted Services:**
 - Remote PC Access · Remote Meeting · Remote Backup
 - Remote File Sharing Service · Voice mail Transcription

**The Communicating for America (CA) Healthy Lifestyle Enhancement Series is not an insurance benefit, nor is it affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the STM insurance plan. The enhancement series benefits are not insurance coverages. The benefits may vary by state and exclusions may apply. The Enhancement Series is not available to residents in the states where the CA membership is not required.*

About Communicating for America

Communicating for America, Inc.*** (CA) provides many discounts to its members. Your enrollment as a member of CA is completed upon receipt of the association annual dues. Your membership information will be mailed shortly thereafter.

****CA is not affiliated with Standard Security Life Insurance Company of New York, nor is it a part of the insurance coverage. CA is a 501c5 non-profit association headquartered in Fergus Falls, Minn., with an office in D.C., providing members valued benefits and savings since 1972. CA membership does not apply to residents of the following states: ID, IN, KS, LA, ME, MD, MN, MT, ND, NH, NV or SD.*

About Standard Security

Secure Saver is insured by Standard Security Life Insurance Company of New York (Standard Security), a member of the IHC Group. Standard Security is rated A- (Excellent) by A.M. Best Company, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet their obligations to their insureds. Standard Security has chosen Health Plan Administrators, Inc. (HPA), also a member of the IHC Group, to provide service for your Secure Saver plan.

The IHC Group is an insurance organization comprised of Independence Holding Company (NYSE: IHC) and its operating subsidiaries. The IHC Group has been providing life, health and stop-loss insurance solutions for over 25 years. For more information on Independence Holding Company and the IHC Group, visit www.ihcgroup.com.

This brochure provides a brief description of the benefits, exclusions and other provisions of the group policy Form SSL-STMP-1104 and individual policy SSL-ISTM-1104 (may vary by state). For complete listing, see the Policy/Certificate of Insurance. Benefits may vary by state. Secure Saver is not available in all states. Membership in the Communicating for America Association may be required in some jurisdictions. Ask your sales representative. The coverage is available in other states on an individual insured basis.

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